1. PLACE OF BI	RTH	化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	BOARD OF HEAI VITAL STATISTICS LTIFICATE OF BIRTH	TH State File No. / 9/ V Registered No.
County	de	Burk Spiller Sales	State	
District or Townsh	in Wind	ulhnou	or Village	
City	xerb.	No		PL
	11.11	(If birth o	ccurred in a hospital or institu	tion, give its NAME instead of street and number)
2. Full name of	child William	an pair	Min Ossor	If child is not yet named, make supplemental report, as directed.
3. Ser of Child	To be answered ONL in event of plural births.	4. Twin, triplet or oth 5. No., in order of birt		7. Date of birth 20 /926 Month Day, Year
8. Full name	Trankly	in Brown	14. Full maiden name	MOTHER Relative
9. Residence (Usual place	of socio ruh	dinon	15 Residence (Usual place of above	fuklling
If non-resident, give place and state.			If non-resident, giv	e place and state.
10. Color or race	11. Age at la	st birthday. 27 (Years	16 Color or race	17. Age at last birthday (Years)
12. Birthplace (ci		on Co fixa.	18. Birthplace (city or	place) No roll
(State or con	ntry)		(State or country)	The pay
13. Occupation Nature of Indu	Stockn	ran	19. Occupation	House thefi
·			Nature of Industry	
	Idren of this mother of birth of child herein ing this child.)	(a) Dotti mitte ?	and now living	21. Were precautions taken against oph- thalmia neonatorum?
		RTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDW	IFE* / 8-0
I hereby certify th	at I attended the birth	of this child, who was	(Born alive mailhorn)	at on the date above stated
child is one the	as no attending physicia the father, householde this return. A stillbor it neither breathes no ence of life after birth	n Signature Cu	onling	hustes mo.
Given name added a supplemental re	l from	Address	D-a • 1	(Physician er midwife).
	Registr	Filed	Lee 9 1,26	Hullon

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